

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
QUALIFIED POOL OPERATOR QUESTIONNAIRE
PLEASE PRINT

FACILITY NAME _____

TOWNSHIP _____

QUALIFIED POOL OPERATORS

(ONLY QPO #1 WILL SHOW ON PERMIT APPLICATION)

QPO #1 (NAME) _____

TELEPHONE NO. DAY _____ EVENING _____

MAILING ADDRESS _____

QPO #2 (NAME) _____

TELEPHONE NO. DAY _____ EVENING _____

MAILING ADDRESS _____

QPO #3 (NAME) _____

TELEPHONE NO. DAY _____ EVENING _____

MAILING ADDRESS _____

NOT VALID UNLESS A COPY OF EACH CERTIFICATION IS ATTACHED

(ATTACH ADDITIONAL SHEETS IF MORE THAN 3 QPO'S)

COMPLETED BY _____ TITLE _____
(please print)

SIGNATURE _____ DATE _____